

**Missouri Department of Health  
and Senior Services**

**Summer Food Service  
Program**



**Training 2006  
Returning Sponsors**

**Community Food and Nutrition Assistance**

**P.O. Box 570**

**Jefferson City, MO 65102-0570**

**Phone: 888-435-1464**

**FAX: 573-526-3679**

**Relay Missouri for Hearing & Speech Impaired 1-800-735-2966**

**<http://www.dhss.mo.gov/sfsp>**

# **Community Food and Nutrition Assistance**

**Central Office  
P.O. Box 570  
Jefferson City, MO 65102-0570  
888-435-1464  
Fax: 573-526-3679  
Contact: Susan Frieze**

**Northwestern District Health Office  
3717 South Whitney Avenue  
Independence, MO 64055  
Contact: Dana Troxel, RD, LD**

**Southeast Area Health Office  
Cape Girardeau Area Health Office  
710 Southern Expressway, Suite B  
Cape Girardeau, MO 63703  
Contact: Debra Skinner, RD**

**Southwest District Health Office  
1414 West Elfindale  
Springfield, MO 65801  
Contact: Susan Barr**

**Eastern District Health Office  
220 South Jefferson  
St. Louis, MO 63103  
Contacts: Karla Diongue  
Tracy Reese-Okosi**

Administered by the Missouri Department of Health and Senior Services, P.O.  
Box 570, Jefferson City, MO 65102

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).

USDA is an equal opportunity provider and employer.

# Training Agenda

Introduction.....	2
Policy Review 2006	
Outreach and Nutrition Education .....	3
Making Changes .....	6
Recordkeeping Review.....	9
Meal Service Requirements Review .....	27
Completing the SFSP Application .....	31
Completing the Claim for Reimbursement .....	42
Commodities .....	44
Monitoring	
Wrap-Up	
Evaluation and Adjourn	
Enrolled Sites Only - Income Eligibility Review	

This workbook and a copy of the power point presentation are available under "Laws, Regulations and Manuals" in the left sidebar at <http://www.dhss.mo.gov/sfsp/>

# Summer Food Service Program Resources

Summer Food Service Program guidelines, applications, forms and resources are available on the Missouri Department of Health and Senior Services website, <http://www.dhss.mo.gov/sfsp/>. The left side bar choices are available on all pages.

Following is a description of what appears when you click on each topic.

[Home](#) – provides a description of the Missouri Summer Food Service Program and links to the USDA Summer Food Service Program site.

[SFSP Orientation Trainings](#) – provides dates, times, locations and registrations information.

[SFSP Sponsors](#) – opens a pdf document listing SFSP sponsors by county.

[SFSP Web Log On Screen](#) – opens a separate window with the log on screen for submitting SFSP applications and claims on line.

[Summer Feeding Program \(Env\) Guidelines for Inspectors](#) – is a resource for environmental inspectors who conduct site visits or 80% of SFSP sites.

[Publications](#) – provides links to bookmarks, business cards, flyers, tip sheets and other items designed for SFSP outreach.

[Related Links](#) – provides links to pertinent external websites.

[Laws, Regulations & Manuals](#) – provides links to SFSP guidelines, rules and regulations. Resources are updates no later than May 1<sup>st</sup> each year for the current year program. The 2006 SFSP Training Workbooks for new and prior sponsors are now available at this site.

[Frequently Asked Questions](#) – provides the answers to frequently asked questions about the Missouri Summer Food Service Program.

[Applications & Forms](#) – provides links to the SFSP application packet and forms. Applications are updates no later than February 1<sup>st</sup> each year for the current year program.

[Contact us](#) – provides the address and phone numbers to contact Summer Food Service Program staff.

[USDA Non-Discrimination Statement](#) – provides the mandatory USDA non-discrimination statement in English and Spanish. All publications discussing the SFSP must include this statement. This statement was revised in September 2005. Make sure all publications include the current version.

# Tips for Increasing Participation at SFSP Feeding Sites: Ideas for Sponsors

As a sponsor, you play an important role in feeding needy children in your community. We want to support you in this role. This tip sheet provides practical strategies to announce your feeding sites in the community. One key to a successful program is sustained participation—getting kids to your site and keeping them coming back all summer long. These ideas have been successfully used by other sponsors so we are sharing them with you. For more ideas, resources, and information please visit the Summer Food websites at: <http://www.dhss.mo.gov/sfsp> and <http://www.fns.usda.gov/cnd/Summer>

- ☐ Customize the materials available at <http://www.dhss.mo.gov/sfsp/Publications.html> and at the back of this workbook to get the word out in your community. .
- ☐ Contact Bart Bushman, 303-844-0310 or [Bart.Bushman@fns.usda.gov](mailto:Bart.Bushman@fns.usda.gov), about Eat Smart. Play Hard.<sup>™</sup> special events and posters featuring college wrestlers in partnership with the National Wrestling Coaches Association.
- ☐ Distribute flyers and site announcements to principals, school food service managers, local officials and others in the community.
- ☐ Have the school food service advertise Summer Food on their spring menus.
- ☐ Ask local government buildings to post flyers listing SFSP feeding sites.
- ☐ Before school lets out, ask the school district to send flyers home with the kids with a listing of feeding sites.
- ☐ Distribute flyers with all site locations and times of meal service to Food Stamp offices, WIC clinics, health clinics, food pantries and churches.
- ☐ Contact community groups that can help with door-to-door canvassing. These groups include church youth groups, Boy and Girl Scout troops, recreation centers, high school students completing a community service project, etc.
- ☐ Post flyers in public places such as grocery stores, libraries, post offices, buses and hospitals.
- ☐ Display a SFSP banner in a highly visible location at feeding sites.

Administered by the Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO 65102

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.



SFSP



# Make It Interesting!

## WHY HAVE ACTIVITIES ALONG WITH MEALS?

Combining good meals with engaging activities will help sites in two ways:

- More children will come to the sites, thus increasing and stabilizing attendance and improving financial stability; and
- Well-nourished children will be able to take better advantage of the developmental opportunities offered in your activity program.

## POSSIBLE ONGOING SFSP ACTIVITIES

If the site where lunches are served is in a park, public gymnasium, recreation center, YMCA, or Boys or Girls Club, the children can participate in supervised activities already in place (sports, crafts, playing on playground equipment, etc.)

If the summer meals site is located near a supervised public pool, children may be able to swim before or after lunch is served.



Non-profit summer camps can participate in the SFSP. Lunch would be a regular part of a child's day at camp.

If the summer meals site is located in or near a **public library**, librarians may be willing to devise a storytelling time for the children either before, during or after the lunchtime.

An award-winning summer meals site uses **table games, sports tournaments, movies, field trips, guest speakers, classes, and special events** to keep the kids coming back day after day.

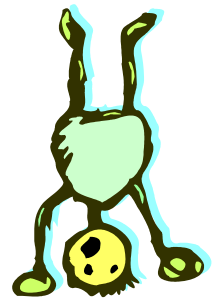
**Devise an incentive program** so that children will return each day. One suggestion is to solicit the donation of a bicycle. Then put a child's name in a fishbowl each day that he or she eats at the site. At the end of the summer, a name is drawn and the bike is awarded. Explain to the kids and parents that attending often increases their chance of winning.

## POSSIBLE PERIODIC OR ONE-DAY ACTIVITIES

- **Invite a wrestler** to make a site visit as part of the Eat Smart. Play Hard.<sup>™</sup> partnership with the National Wrestling Coaches Association. Contact Bart Bushman, 303-844-0310 or [Bart.Bushman@fns.usda.gov](mailto:Bart.Bushman@fns.usda.gov).

- **Local bookmobiles** may be willing to come to a summer meals site one or two days a week.
- **Musical entertainment** (singing, dancing, etc.); might be a good opportunity to briefly introduce kids to cultural experiences they've not had before (e.g. puppet show set to classical music; dancers reflecting the culture(s) of local residents).
- Large local churches often have their own **drama departments, contemporary musical groups, men's barbershop quartets**, etc. Invite them to come perform.
- Consider inviting a **local or national sports hero or celebrity** to stop by before or during lunch. Attention should be given to choosing someone whose lifestyle reflects good choices and good character and it would be nice if they'd stay and eat with the kids. Might be a good idea to let the local paper or TV station know about the visit. Could provide an opportunity to inform the public about the SFSP and get some publicity for meal sites.
- Ask **local fire department** (with their trucks) or **police department's DARE** (drug awareness and prevention) unit to visit before or during lunch.
- **Local artisans** could be invited to come and show the kids how to use a pottery wheel and make clay pots, how to dip candles, etc.
- **Storytellers** could tell a tale.
- A **children's comedian** could do a brief routine.
- The local zoo could set up a **small-scale petting zoo**.
- Contact the **county's agriculture extension agent** and see what they have to offer. Agriculture extension agents exist to educate the public. They often have presentations and **activities geared toward kids** and they are usually eager to come make a presentation or do a demonstration (on topics such as: good nutrition, where does our food come from?, window box gardening, the environment and conservation, urban wildlife, insects, developing good character, etc.). The extension service can also provide other suggestions or materials.
- **Ask local schoolteachers** to suggest interesting, simple and low-cost **crafts** or activities for children. Perhaps sponsors or site managers could enlist a few volunteers to seek donations of the art or other supplies needed.

Visit <http://www.dhss.mo.gov/sfsp> and <http://www.fns.usda.gov/cnd/Summer> for more ideas and information about the Summer Food Service Program. Visit [http://www.dhss.mo.gov/Nutrition\\_Children](http://www.dhss.mo.gov/Nutrition_Children), <http://www.dhss.mo.gov/mnn>, and <http://www.fns.usda.gov/eatsmartplayhard/default.htm> for nutrition education resources and activity ideas.



# Recordkeeping Review

## **SITE CHANGE WORKSHEET INSTRUCTIONS:**

Sponsors are required to contact MDHSS-CFNA to report any site changes. Site changes can be reported using the [Site Change Worksheet](#). The Sponsor must notify MDHSS-CFNA if any of the following occur:

- Changes in meal service times
- Changes in meal types
- Increases in vended caps (i.e., estimated number of children to be served at each meal or snack service)
- Changes in operations—site closed, field trips, etc.
- Start/Stop date change
- Extending site operations
- Site closings
- Sites that were approved for operation, but never opened
- Changes in personnel—report changes of administrative personnel who serve as contacts to MDHSS-CFNA. Site supervisory personnel changes must also be reported to MDHSS-CFNA.
- Increases in the numbers served - if the overall number of participants served increases, report the new level to MDHSS-CFNA. Failure to do so could result in a loss of funds to which your organization could be entitled.

This information must be submitted to MDHSS-CFNA so the Sponsor's file can be updated. Failure to update this information could cause a claim for reimbursement to be rejected by the claims payment system and result in delayed and/or reduced payment.

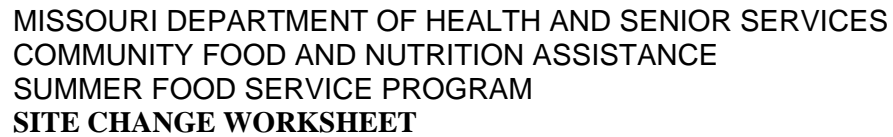
**The Sponsor must notify MDHSS-CFNA by 2:00 p.m. the day before the anticipated change is to take place. Failure to meet this deadline will result in disallowed meals.** If a change is to occur on a Monday, the sponsor is required to notify MDHSS-CFNA by 2:00 p.m. on Friday afternoon. Keep copies of your Change Forms on file with other SFSP documentation.

In emergency situations, such as fire, flood, or transportation breakdowns, contact MDHSS-CFNA at 888-435-1464 as soon as possible, once the situation has been assessed.

**The following changes CANNOT be done using the Site Change form.**

- **New site openings** (*The Site Change Sheet CANNOT be used to open a new site. Sponsors must submit a [Site Information Sheet \(CACFP-1001\)](#) along with site eligibility documentation (school data or census data).*)
- **If the site location changes** (*The sponsor must submit a new [Site Information Sheet](#) prior to operating at the new location. Meals served at the new location may not be claimed for reimbursement until the site has been approved by MDHSS-CFNA.*)



CACFP – 1013



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
COMMUNITY FOOD AND NUTRITION ASSISTANCE  
SUMMER FOOD SERVICE PROGRAM  
**ADMINISTRATIVE BUDGET REVISION**

(Please TYPE or PRINT Clearly)

1. NAME OF SPONSORING ORGANIZATION	2. CONTRACT NUMBER												
<p>3. If the sponsor's level of site participation or the number of meals served to participants increases, the approved administrative budget may need to be revised. Failure to do so could result in a loss of funds to which the sponsor may be entitled.</p> <p>The Budget Revision must be forwarded to MDHSS-CFNA as soon as possible after the change is known and before the close of the site(s).</p> <p>Reason administrative budget needs to be changed (please check all that apply):</p> <p><input type="checkbox"/> Actual number of participants being served is more than the number originally estimated to be served. Attach a Site Change Form indicating the number of participants being served at each site by meal service type (breakfast, lunch, snack, etc.).</p> <p><input type="checkbox"/> Days of operation have been expanded. Indicate revised days of operation: start date _____ end date _____</p> <p><input type="checkbox"/> Site(s) have been added resulting in additional participants being served. Applications for new sites are attached or have been submitted to MDHSS-CFNA.</p> <p><input type="checkbox"/> Actual administrative expenses are greater than anticipated, in the following area(s):</p> <table style="margin-left: auto; margin-right: auto;"><thead><tr><th style="text-align: center;"><u>Administrative Cost</u> <u>Category</u></th><th style="text-align: center;"><u>Amount</u></th></tr></thead><tbody><tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr><tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr><tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr><tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr><tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Other (please indicate) _____</p>		<u>Administrative Cost</u> <u>Category</u>	<u>Amount</u>	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
<u>Administrative Cost</u> <u>Category</u>	<u>Amount</u>												
_____	\$ _____												
_____	\$ _____												
_____	\$ _____												
_____	\$ _____												
_____	\$ _____												
<p>4. Indicate your <b>revised</b> SFSP Administrative Budget. Include all administrative costs for which you plan to request reimbursement.</p> <p>Revised Total <b>Administrative</b> Budget \$ _____ (Note: It is not necessary to revise the operational budget.)</p>													
SIGNATURE OF AUTHORIZED REPRESENTATIVE  ▶	TITLE	DATE											
APPROVED/ENTERED BY (MDHSS USE ONLY)	TITLE	DATE											

# Recordkeeping Checklist

All forms are available on the web at <http://www.dhss.mo.gov/sfsp/Forms.html> and/or in the various manuals found at <http://www.dhss.mo.gov/sfsp/Laws.html>.

- ☐ [Menus](#)
- ☐ [Food Production Records](#)
- ☐ [Inventory Records](#)
- ☐ [Daily Meal Count Records](#) (Special one [for camps](#))
- ☐ Meal Count Consolidation Records ([weekly](#) and [monthly](#) options)
- ☐ Documentation of Site Monitoring ([Pre-operational](#), [1<sup>st</sup> & 4<sup>th</sup> week self-preparation sites](#) and [1<sup>st</sup> & 4<sup>th</sup> week vended sites](#))
- ☐ [Training Documentation](#)
- ☐ Documentation of Operating Costs (Special form [for labor costs](#))
- ☐ [Documentation of Administrative Costs](#) (Special form [for mileage](#))
- ☐ Records of Program Income
- ☐ [Income Eligibility Forms](#)
- ☐ Miscellaneous Documentation
  - Copies of SFSP contract
  - Copy of the application
  - A site information sheet for each site
  - Site eligibility documentation
  - Sanitation and health inspection reports
  - Copy of press release submitted to the media (if applicable)
  - Tax exempt letter (for private non-profit sponsors)
  - Sponsor/Site Agreement (if applicable)
  - Food service contract or agreement with local food authority (if applicable)
  - Bid procedures (if applicable)

# Food Chart – Summer Food Service Program

<b>Breakfast</b>	Fluid Milk	1 cup (8 fluid ounces) <sub>1</sub>
	Juice or Fruit or Vegetable	½ cup
	Bread, or	1 slice
	Cold Dry Cereal, or	¾ cup or 1 ounce <sub>2</sub>
	Cornbread, Biscuits, Rolls, Muffins, etc., or Cooked Cereal or Cereal Grains Pasta, Cooked Noodles	1 serving ½ cup ½ cup
<b>Lunch or Supper</b> 10	Fluid Milk	1 cup (8 fluid ounces) <sub>3</sub>
	Meat, Poultry, Fish, Cheese, or Egg, or	2 ounces 1 large egg
	Cooked Dry Beans, Peas, or	½ cup
	Peanut Butter or other Nut Butters, or	4 tablespoons <sub>4</sub>
	Peanuts, Soy nuts, Tree Nuts or Seeds, or Yogurt, plain or sweetened, flavored	1 ounce = 50% <sub>5</sub>
	Vegetables and/or Fruits (must serve at least two different varieties)	¾ cup total <sub>6</sub>
	Grains/Breads	1 serving
<b>Snack</b> Serve 2 of 4 components	Fluid Milk	1 cup (8 fluid ounces) <sub>1</sub>
	Juice or Fruit or Vegetable	¾ cup
	Meat or Meat Alternate	1 ounces
	Grains/Bread	1 serving

1. Serve as a beverage, or on cereal, or use part of it for each purpose.
2. Either volume (cup), or weight (ounces), whichever is less.
3. Must be served as a beverage
4. At lunch, must serve an additional meat/meat alternate with peanut butter.
5. No more than 50% of the requirement can be met with nuts or seeds. Nuts or seeds must be combined with another meat/meat alternate to fulfill the requirement.
6. Serve two or more kinds. Full-strength juice may be counted to meet not more than one-half of this requirement.
7. Serve two food items. Each food item must be from a different food component. Juice may not be served when milk is served as the only other component.

Note: All grain/bread items must be enriched or whole-grain, made from enriched or whole-grain meal or flour, or if it is a cereal, the product must be whole grain, enriched, or fortified. Bran and germ are credited the same as enriched or whole-grain meal or flour.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact the USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 SUMMER FOOD SERVICE PROGRAM  
**Menu – Meal Requirements**

Name of Sponsor					
Name of Site				Week of	
Year					
<b>Breakfast</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Fluid Milk					
Juice, Fruit, or Vegetable					
Grain/Bread					
Other Foods					
<b>Snack</b> <i>Serve 2 of 4 components</i>					
Fluid Milk					
Juice, Fruit, or Vegetable					
Grain/Bread					
Meat or Meat Alternate					
Other foods					
<b>Lunch</b>					
Fluid Milk					
Fruit and/or Vegetable <i>2 servings</i>					
Grain/Bread					
Meat or Meat Alternate					
Other Foods					

# Production Records

## VENDED SITES OR CENTRAL KITCHEN OPERATIONS

Food production records are no longer required for self-preparation sites. However, they are still required for vended sites or central kitchen operations. Minimum Requirements for Production Records:

- ☐ List all food items used. Do not include condiments or seasonings.
- ☐ List the total amount of each food item used. Record specific quantities in pounds, package sizes, can sizes and weights.
- ☐ List the total number of meals served to:
  - Eligible children and eligible disabled adults;
  - Program adults;
  - Non-program adults; and
  - Ineligible children.
- ☐ Maintain production records for all meals and snacks served.

## SELF-PREPARATION SITES:

At self-preparation sites, production records can be valuable management tools, but are not be required to verify the adequacy of the meal service. This is accomplished through on-site meal observation and a review of food receipts. It is particularly critical that accurate records of all food purchases are maintained. If food is used from existing inventories, a beginning and ending inventory is required. See [Food Inventory Record](#) on page 25 of this workbook.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SUMMER FOOD SERVICE PROGRAM  
**Food Production Record**

<b>Sponsor:</b>	<b>Site Name:</b>
<b>Date:</b>	

**Breakfast**

A	B	C	D	E	x	F	=	G	H
Food Components	Food Items Used	Serving Size	Purchase Units (lb., Can size, etc.)	Servings Per Purch. Unit		Number of Purchase Units Used		Total Servings Prepared	Number of Meals Served
Milk									
Fruit/Vegetable									
Grain/Bread									
Optional Foods									

**Lunch/Supper**

A	B	C	D	E	x	F	=	G	H
Food Components	Food Items Used	Serving Size	Purchase Units (lb., Can size, etc.)	Servings Per Purch. Unit		Number of Purchase Units Used		Total Servings Prepared	Number of Meals Served
Milk									
Meat/Alternate									
Fruit/Vegetable									
Fruit/Vegetable									
Grain/Bread									
Optional Foods									

**Snack (Serve Two of Four Components)**

A	B	C	D	E	x	F	=	G	H
Food Components	Food Items Used	Serving Size	Purchase Units (lb., Can size, etc.)	Servings Per Purch. Unit		Number of Purchase Units Used		Total Servings Prepared	Number of Meals Served
Milk									
Meat/Alternate									
Fruit/Vegetable									
Grain/Bread									
Optional Foods									

At a minimum, columns B, D, F, and H must be completed.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SUMMER FOOD SERVICE PROGRAM

## Daily Meal Count Form

Name of Site:		Date:	
Meal: (circle one)			
Breakfast	A.M. Snack	Lunch	P.M. Snack      Supper
Site Supervisor:	Delivery Time: Number Delivered:	Meal Service Time: Begin:                      End:	

### First Meals Served:

1 9 17 25 33 41 49 57 65 73 81 89 97 105 113 121 129 137 145 153 161 169 177 185  
2 10 18 26 34 42 50 58 66 74 82 90 98 106 114 122 130 138 146 154 162 170 178 186  
3 11 19 27 35 43 51 59 67 75 83 91 99 107 115 123 131 139 147 155 163 171 179 187  
4 12 20 28 36 44 52 60 68 76 84 92 100 108 116 124 132 140 148 156 164 172 180 188  
5 13 21 29 37 45 53 61 69 77 85 93 101 109 117 125 133 141 149 157 165 173 181 189  
6 14 22 30 38 46 54 62 70 78 86 94 102 110 118 126 134 142 150 158 166 174 182 190  
7 15 23 31 39 47 55 63 71 79 87 95 103 111 119 127 135 143 151 159 167 175 183 191  
8 16 24 32 40 48 56 64 72 80 88 96 104 112 120 128 136 144 152 160 168 176 184 192

(you may use the back to continue counting if needed)

**Total First Meals** \_\_\_\_\_

### Second Meals Served:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

**Total Second Meals** \_\_\_\_\_

### Meals to Program Adults:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

**Total Program Adult Meals** \_\_\_\_\_

### Meals to Non-Program Adults:

1 2 3 4 5 6 7 8 9 10 11 12 13 14

**Total Non-Program Adult Meals** \_\_\_\_\_

**Total Meals Served** \_\_\_\_\_

**Total Damaged/Disallowed Meals** \_\_\_\_\_

**Total Leftover Meals** \_\_\_\_\_

**Income from Adult Meals** \_\_\_\_\_

**Unopened milk cartons**

**returned to inventory** \_\_\_\_\_

Signature of Authorized Representative:	Date:
---	-------





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SUMMER FOOD SERVICE PROGRAM

## Daily Meal Count Form

Name of Site: <i>ABC Elementary School</i>		Date: <i>6-16-2005</i>
Meal: (circle one) <u>Breakfast</u> A.M. Snack    Lunch    P.M. Snack    Supper		
Site Supervisor: <i>John Doe</i>	Delivery Time: Number Delivered:	Meal Service Time: Begin:                      End:

### First Meals Served:

~~1~~ ~~9~~ ~~17~~ ~~25~~ ~~33~~ ~~41~~ 49 57 65 73 81 89 97 105 113 121 129 137 145 153 161 169 177 185  
~~2~~ ~~10~~ ~~18~~ ~~26~~ ~~34~~ ~~42~~ 50 58 66 74 82 90 98 106 114 122 130 138 146 154 162 170 178 186  
~~3~~ ~~11~~ ~~19~~ ~~27~~ ~~35~~ ~~43~~ 51 59 67 75 83 91 99 107 115 123 131 139 147 155 163 171 179 187  
~~4~~ ~~12~~ ~~20~~ ~~28~~ ~~36~~ ~~44~~ 52 60 68 76 84 92 100 108 116 124 132 140 148 156 164 172 180 188  
~~5~~ ~~13~~ ~~21~~ ~~29~~ ~~37~~ ~~45~~ 53 61 69 77 85 93 101 109 117 125 133 141 149 157 165 173 181 189  
~~6~~ ~~14~~ ~~22~~ ~~30~~ ~~38~~ ~~46~~ 54 62 70 78 86 94 102 110 118 126 134 142 150 158 166 174 182 190  
~~7~~ ~~15~~ ~~23~~ ~~31~~ ~~39~~ ~~47~~ 55 63 71 79 87 95 103 111 119 127 135 143 151 159 167 175 183 191  
~~8~~ ~~16~~ ~~24~~ ~~32~~ ~~40~~ ~~48~~ 56 64 72 80 88 96 104 112 120 128 136 144 152 160 168 176 184 192

(you may use the back to continue counting if needed)

Total First Meals 42

### Second Meals Served:

~~1~~ ~~2~~ 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

Total Second Meals 2

### Meals to Program Adults:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

Total Program Adult Meals 0

### Meals to Non-Program (paying) Adults:

1 2 3 4 5 6 7 8 9 10 11 12 13 14

Total Non-Program Adult Meals 0

Total Meals Served 44

Total Damaged/Disallowed Meals 1

Total Leftover Meals 5

Income from Adult Meals 0

Unopened milk cartons

returned to inventory 10

Signature of Authorized Representative:	Date:
---	-------



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
COMMUNITY FOOD AND NUTRITION ASSISTANCE  
SUMMER FOOD SERVICE PROGRAM

## WEEKLY CONSOLIDATED MEAL COUNT

Site Name and Address:													Week of:					
	Monday			Tuesday			Wednesday			Thursday			Friday			Weekly Totals		
	Brfst	Lunch	Snack	Brfst	Lunch	Snack	Brfst	Lunch	Snack	Brfst	Lunch	Snack	Brfst	Lunch	Snack	Brfst	Lunch	Snack
Number of Meals Ordered																		
Meals Received or Prepared																		
Meals Leftover from the Previous Day																		
First Meals Served to Participants																		
Second Meals Served to Participants																		
Meals Served to Program Adults																		
Meals Served to Non-Program Adults																		
Total Meals Served																		
Total Damaged/Incomplete Meals																		
Total Meals Leftover																		
Income from Adult Meals																		
Comments																		

**Meal Count – Monthly Consolidation Form**  
**Claim Period** \_\_\_\_\_ - \_\_\_\_\_

Site	Breakfast		Lunch		Snack		Supper	
	1 <sup>st</sup> Meal	2 <sup>nd</sup> Meal	1 <sup>st</sup> Meal	2 <sup>nd</sup> Meal	1 <sup>st</sup> Meal	2 <sup>nd</sup> Meal	1 <sup>st</sup> Meal	2 <sup>nd</sup> Meal
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
<b>TOTAL</b>								

Meal Type	(A) Total 1 <sup>st</sup> Meals Served	(B) Total 2 <sup>nd</sup> Meals Served	(C) 2 <sup>nd</sup> Meal Limitation (.02 x A)	(D) Allowable 2 <sup>nd</sup> Meals - Lesser of (B) or (C)	(E) Allowable Total Meals (A) + (D)
<b>Breakfast</b>					
<b>Lunch</b>					
<b>Snack</b>					
<b>Supper</b>					

## **Consolidated Meal Count Record – Weekly or Monthly?**

SPONSORS ARE REQUIRED TO COMPLETE ONE OF THESE TWO FORMS.

It is recommended that sponsors with single sites use the weekly consolidated meal count record on page 16. The monthly consolidated meal count record on page 17 is useful for totaling multiple sites. These tools will help you calculate total meals served to report on your claim for reimbursement.

### **Site monitoring forms**

- Pre-operational Site Review (Workbook page 19)  
Use this form to document pre-operational reviews of all new or problem sites.
- 1st and 4<sup>th</sup> week Monitor Site Review Form (Workbook page 20 – 21)  
Sponsors are required to monitor all of their sites and to document the results on this two-page form. Don't forget to complete both sides of the form, including the racial/ethnic information.

Site monitoring reviews must include a review of food service operations, including ordering, preparation and holding procedures, the actual meal service, site recordkeeping and Civil Rights compliance. Additional monitoring may need to be conducted to ensure smooth operations. If problems are noted at the site, you must document the corrective action taken. For more information refer to the [Monitor's Guide](#) available under “Laws, Regulations and Manuals” at <http://www.dhss.mo.gov/sfsp/>.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
COMMUNITY FOOD AND NUTRITION ASSISTANCE  
SUMMER FOOD SERVICE PROGRAM

## Pre-Operational Site Review

### Site Selection Worksheet

Sponsor Name and Address							
Site Address							
Site Phone Number		Person to contact for use of site					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <b>Type of Site</b>  <input type="checkbox"/> Recreation Center  <input type="checkbox"/> Playground  <input type="checkbox"/> Residential Camp </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Open  <input type="checkbox"/> School  <input type="checkbox"/> Settlement House  <input type="checkbox"/> Playstreet </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Enrolled  <input type="checkbox"/> Church  <input type="checkbox"/> Park  <input type="checkbox"/> Other </td> </tr> </table>					<b>Type of Site</b> <input type="checkbox"/> Recreation Center <input type="checkbox"/> Playground <input type="checkbox"/> Residential Camp	<input type="checkbox"/> Open <input type="checkbox"/> School <input type="checkbox"/> Settlement House <input type="checkbox"/> Playstreet	<input type="checkbox"/> Enrolled <input type="checkbox"/> Church <input type="checkbox"/> Park <input type="checkbox"/> Other
<b>Type of Site</b> <input type="checkbox"/> Recreation Center <input type="checkbox"/> Playground <input type="checkbox"/> Residential Camp	<input type="checkbox"/> Open <input type="checkbox"/> School <input type="checkbox"/> Settlement House <input type="checkbox"/> Playstreet	<input type="checkbox"/> Enrolled <input type="checkbox"/> Church <input type="checkbox"/> Park <input type="checkbox"/> Other					
Estimated number of participants the site could serve		Estimated number of needy participants in the area					
Estimated number of supervisory personnel needed to adequately control food service							
Does the site have:		Yes	No	NA	Comments		
A shelter or alternate site for inclement weather?							
Handwashing facilities for the food handlers and participants?							
Adequate refrigeration for the storage of meals?							
Adequate cooking facilities for the preparation of meals, if applicable?							
A place to store prepared or delivered food to maintain appropriate food temperatures?							
Is another site needed in this area?							
Are present facilities adequate for an organized meal service?							
If no, explain							
What types of organized activities are possible or planned at this site?							
Signature of Authorized Representative					Date		



## 1<sup>st</sup> Week Review

## 4<sup>th</sup> Week Review

(Circle One)

20

Are meals served as a unit?																	
Are meals consumed by participants on-site?																	
Are meals planned and prepared with one meal per participant in mind?																	
Are more meals served as seconds than the 2% limit?																	
Are accurate counts taken of meals served?																	
Is required health department certification available for inspection?																	
Is an inventory record being kept?																	
Are receiving reports and purchase invoices kept?																	
Does staffing pattern correspond to that listed on approved application?																	
Has the site supervisor attended training?																	
Are records of adult meals kept?																	
Is there documentation of participants eligible for free or reduced-price meals available if applicable?																	
Is there a non-discrimination poster, provided by the sponsor, on display in a prominent place?																	
Are meals served to all attending participants regardless of race, color, national origin, age, sex, or disability?																	
<b>Beneficiary Data</b>																	
Indicate the number of participants in attendance in each racial/ethnic category <table> <tr> <td>American Indian or Alaskan Native</td> <td>Asian</td> <td>Black or African American</td> <td>Native Hawaiian or Other Pacific Islander</td> <td>Hispanic or Latino</td> <td>White</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>						American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	Hispanic or Latino	White	_____	_____	_____	_____	_____	_____
American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	Hispanic or Latino	White												
_____	_____	_____	_____	_____	_____												
<b>Corrective Action Plan:</b>																	
Findings:			Corrective Actions:														
Signature of Monitor					Date												
Site Supervisor Signature					Date												

# Training for SFSP Personnel

## Administrative Personnel:

(Refer to all [SFSP Guidelines](#))

- ☐ Purpose of the Program
- ☐ Site Eligibility
- ☐ Recordkeeping Requirements
- ☐ Organized Site Activities
- ☐ Meal Requirements
- ☐ Nondiscrimination Compliance
- ☐ Meal Service
  - ◆ how meals will be provided
  - ◆ the delivery schedule (if applicable)
  - ◆ what records must be kept, what forms to use
- ☐ Duties of the Monitors
  - ◆ conducting site reviews
  - ◆ sites for which monitors are responsible
  - ◆ monitoring schedule
  - ◆ reporting procedures
  - ◆ follow-up procedures
  - ◆ office procedures

## Monitor Personnel:

(Refer to site [Monitor's Guidelines](#))

- ☐ Training for Administrative Personnel
- ☐ Monitoring Duties/Responsibilities
  - ◆ sites for which monitors are responsible
  - ◆ conducting the site visits
  - ◆ monitoring schedules
  - ◆ reporting/recordkeeping requirements
  - ◆ follow-up procedures
  - ◆ local sanitation and health laws
  - ◆ civil Rights
  - ◆ reporting of racial/ethnic data
  - ◆ personal safety precautions, if applicable

## Site Personnel: (Refer to [Site Supervisor's](#) and [Nutrition Guidelines](#))

- ☐ Purpose of the Program
- ☐ Site Eligibility
- ☐ Importance of accurate records especially point of service meal counts
- ☐ Importance of organized activities at sites
- ☐ Recordkeeping Requirements
  - ◆ daily recordkeeping requirements
  - ◆ delivery receipts
  - ◆ second, leftovers, spoiled meals
  - ◆ daily labor documentation – time and attendance records
  - ◆ collect and maintain copies of daily meal service forms
- ☐ [Vended Site Operations](#) (if applicable)
  - ◆ meal pattern requirements
  - ◆ delivery schedules
  - ◆ adjustments in the delivery amounts
  - ◆ facilities available for storing meals
  - ◆ who to contact about problems
  - ◆ approved level of meal service
- ☐ Self-Preparation Site Operations
  - ◆ meal pattern requirements
  - ◆ inventory
  - ◆ production records
  - ◆ meal preparation adjustments
- ☐ Duties and Authority of the Monitors
- ☐ Civil Rights Requirements
- ☐ Miscellaneous Policies/Issues
  - ◆ What to do in inclement weather and alternate service areas
  - ◆ How to handle unauthorized adults trying to eat meals
  - ◆ How to handle discipline
  - ◆ Review equipment, facilities, and materials available for recreational activities
  - ◆ Review trash removal requirements
  - ◆ Discuss corrective action
  - ◆ Nutrition education





MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES  
COMMUNITY FOOD AND NUTRITION ASSISTANCE  
SUMMER FOOD SERVICE PROGRAM (SFSP)

**Documentation of Training to Program Personnel**

<b>Name and Address of Sponsor</b>	<b>Date of Training</b>
<b>Name of Trainer(s)</b>	<b>Location of Training</b>

**Training Topics:**

Check the topics covered and list any additional. Topics listed are the minimum required.

- |  |  |
|--|--|
| <input type="checkbox"/> Purpose of the Program    | <input type="checkbox"/> Record-keeping      |
| <input type="checkbox"/> Meal Pattern Requirements | <input type="checkbox"/> Duties of a Monitor |
| <input type="checkbox"/> Site Eligibility          | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Site Operations           |  |

Attach additional pages if necessary or attach copy of training program outline.

Training Participant (print name)	Participant's Signature	Title	Name of Participant's Site

# Operating and Administrative Cost Sheet

## Operating Costs

### The Cost of Food Used:

- ◆ Cost of purchasing and storing food
- ◆ Non-food supplies needed for food preparation, service, or clean-up
- ◆ Cost of having food delivered (including USDA commodities)
- ◆ Cost of meals served to program adults

### Operational Labor:

- ◆ Time spent preparing, delivering, and serving food
- ◆ Time spent supervising children during the meal service
- ◆ Clean-up time after the meal
- ◆ Time spent planning menus and completing production and meal count records

### Other Operating Costs:

- ◆ Cost of delivering food to the site
- ◆ Mileage allowance for the purchase and delivery of food
- ◆ Rental of facilities, equipment, and vehicles
- ◆ Utility costs attributable to the SFSP
- ◆ Repairs to equipment essential to the SFSP
- ◆ Cost for transporting children to the meal service site (rural sites only)

## Administrative Costs

### Administrative Labor:

- ◆ Time spent preparing and submitting an application for participation in the SFSP
- ◆ Time spent hiring and training sponsor and site personnel
- ◆ Time spent maintaining program records
- ◆ Time spent completing the claim for reimbursement
- ◆ Time spent competitively bidding for meals
- ◆ Time spent attending training provided by MDHSS
- ◆ Time spent monitoring sites
- ◆ Time spent performing other activities necessary for planning, organizing and managing the program

### Other Administrative Costs:

- ◆ Rent for office space, equipment and vehicles
- ◆ Use allowances for office equipment
- ◆ Office Supplies
- ◆ Mileage allowance for attending training and for monitoring
- ◆ Parking expenses for monitoring
- ◆ Telephone
- ◆ Postage
- ◆ Advertising expense
- ◆ Insurance costs
- ◆ Audit costs
- ◆ Travel costs



## Food Inventory Record

[illegible]

### To Obtain Food Costs for the Inventory Period

Beginning Inventory*	_____
+Food Purchases**	+ _____
-Credits, discounts, returns	- _____
-Ending Inventory	- _____
=Cost of Food Used	= _____

Total Value of Food on Hand

(Ending Inventory\*) \$ \_\_\_\_\_

\* The ending Inventory for one inventory period becomes the Beginning Inventory for the next.

\*\* Use purchase invoices to determine the cost per purchase unit and the total food purchases for the inventory period.

## Unallowable Costs

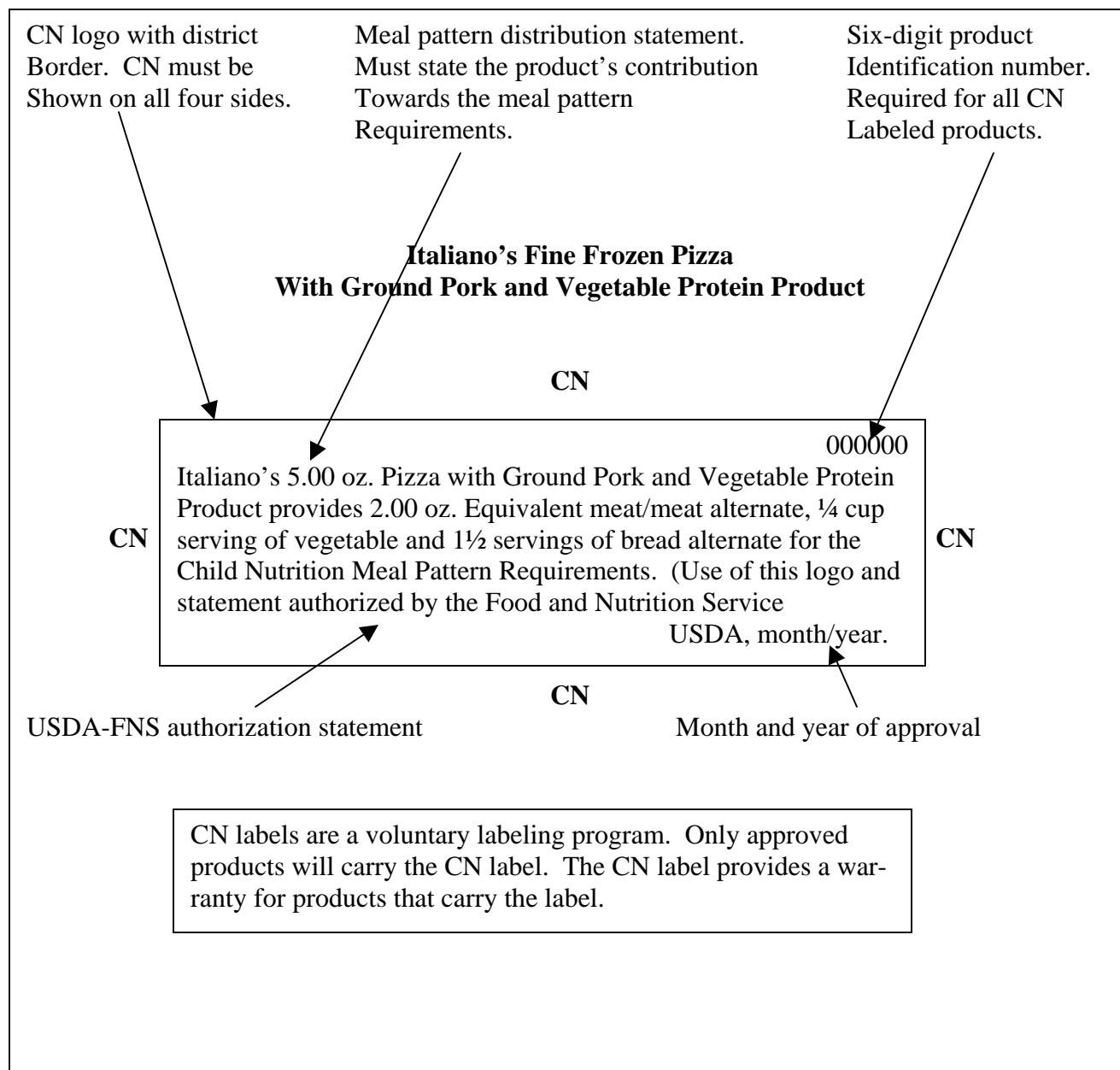
Listed below are costs that **MUST NOT** be included with SFSP costs on the claim for reimbursement:

- ☐ The cost to purchase food not used for the SFSP
- ☐ The cost of meals served to non-program adults
- ☐ Contributions or donations
- ☐ Meals served in violation of program regulations, i.e., meals served outside approved serving time, meals served or consumed off-site, etc.
- ☐ Interest on loans
- ☐ Donated labor
- ☐ Cost of spoiled or damaged meals
- ☐ Administrative costs not included on the approved Administrative Budget
- ☐ Entertainment costs
- ☐ Fund-raising expenses
- ☐ Bad debts
- ☐ Rental Charge for equipment and space owned by the sponsor
- ☐ Depreciation or use allowance for publicly owned buildings
- ☐ Repairs which materially increase the value or useful life of capital assets
- ☐ Capital expenditures including nonexpendable equipment
- ☐ Fines or penalties

## Meal Service Requirements

- ☐ Open and enrolled sites may serve one meal, or two meals, if one is lunch and the other is a breakfast or a snack.
- ☐ Camps and migrant sites may serve a maximum of three meals per day – either three meals, or two meals and one snack. These are the only sites that may serve both lunch and supper at the same site on the same day.
- ☐ Lunch and supper may not take more than two hours from start to finish to serve.
- ☐ Breakfast and snack may not take more than one hour from start to finish to serve.
- ☐ Three hours must elapse between the start of one meal or snack and the start of the next. NOTE: Sponsors may request an exception to this requirement in special cases.
- ☐ Supper may not begin later than 7:00 p.m. and must conclude by 8:00 p.m.
- ☐ Meal service times must be approved, and any changes in times must be reported on the [site change form](#). See page 7 in this workbook.
- ☐ Meal orders must be adjusted on a daily basis with the goal of preparing one meal per child/participant served.
- ☐ Meals to vended sites may not be delivered sooner than one hour prior to the start of the meal service, unless the site has refrigeration.
- ☐ All meals must be eaten on site. At the sponsor's discretion, with a written policy, participating children may be allowed to remove certain pre-packaged and non-perishable food items to be consumed at a later time.
- ☐ All participants must be served a complete meal, with the exception of school-sponsored sites. Sites that are sponsored by schools may choose to use the “offer versus serve” if this option is used during the regular school year.
- ☐ Second meals may only be served after each participant has received a first meal. The purpose of second meals is to reduce waste. In order to count as a reimbursable 2<sup>nd</sup> meal, seconds must also be complete meals.
- ☐ Outdoor sites must have alternate arrangements for rainy weather.

## CN Labels - What to Look For



# Manufacturer's Product Analysis

## XYZ BURRITO FACTORY

Effective Date: November 1, 1988 Product No.: 9999

Total weight of precooked product: 4.00

Total of raw meat: 0.650 oz.

Percent of fat of raw meat: Not to exceed 30%

Weight of dry VPP: 0.094 oz.

Weight of liquid used to hydrate VPP: 0.176 oz.

Percent of Protein in dry VPP: 52%

Weight of raw meat and hydrated VPP: 0.920

Type of VPP used: XX Flour: \_\_\_\_\_ Isolate: \_\_\_\_\_

Weight of other ingredients: 1.005 oz.

Weight of pinto beans: 0.325 oz. Factored Wt. 0.503

Weight of cheese: none

Weight of cooked meat with VPP: 0.644 oz.

Total weight of filling: 2.25 oz.

Total weight of enriched flour tortilla: 1.75 oz. 1.59 serv.

I certify the above information is true and correct and that the product (ready for serving) contributes 1.14 ounces of equivalent meat/meat alternative toward the meal pattern when prepared according to direction. I understand that the above named product will be used as a meal component for which Federal reimbursement will be claimed, and that records are available to support the information indicated above. The VPP used conforms to Food and Nutrition Service regulations. This product analysis will supersede all previously issued sheets.

SUGGESTED BID SPECIFICATIONS: \_\_\_\_\_ cases – Red Chili Beef, Bean and Chicken Burrito, 4.00 ounces Each, unfried, packed 3/24 count. Must meet 1.00 ounces of meat/meat alternate and 1.50 bread servings.

\_\_\_\_\_  
James Smith

\_\_\_\_\_  
Director of Manufacturing  
Title

XYZ Burrito Factory

November 1, 1988

A product analysis sheet (also known as a product specification sheet) is a detailed information sheet from the product manufacturer. It identifies the weight of the food components in the product and the product's contribution to the Child Nutrition Meal Pattern Requirements.

Key components of the product analysis sheet include:

- The product name; may include a description of the product and/or a product code.
- The food components in the product that contribute to the meal pattern requirement
- The raw and/or cooked weights of the components that contribute to the meal pattern requirement.
- The product's total contribution towards the meal pattern requirement.
- A statement that any VPP (vegetable protein product) contained in the product has been rehydrated in accordance with Appendix A of the code of Federal Regulations issued January 7, 1983 relating to vegetable protein products used in the national School Lunch Program.
- The original signature of a company official. A photocopied signature is not acceptable.
- The date.

## Unallowable Meals:

The follow meals MUST NOT be claimed for reimbursement.

- ☐ Meals served to adults.
- ☐ Meals that do not meet [meal pattern requirements](#). See page 10 in this workbook.

**Medical statement required for substitutions:** Substitutions for required meal components are not allowed except under specific conditions. For medical conditions requiring substitutions, the sponsor must have a signed medical statement from a physician indicating the food(s) to be avoided and allowable substitutions for the avoided food(s).

- ☐ Meals not served as a complete unit.
- ☐ Meal types not approved.
- ☐ Meals served at unapproved sites.
- ☐ Meals consumed off-site.
- ☐ Meals served outside the approved time frames or approved dates of operation.
- ☐ Meals served to ineligible children (applies to camps only).
- ☐ Meals served in excess of the approved level, which is 2% of the total first meals claimed.
- ☐ Unserved meals.



**Missouri Department of Health and Senior Services  
Community Food and Nutrition Assistance  
Summer Food Service Program Reimbursement Rates for  
FFY 2006**

**Maximum Per Meal Reimbursement Rates**

**Operational Meal Rates:** Operational reimbursement will be based on the lesser of actual costs or eligible meals multiplied by the appropriate rate.

Breakfast..... \$1.47  
Lunch or Supper..... \$2.56  
Supplement..... \$.59

**OPERATIONAL REIMBURSEMENT SAMPLE**

	<u>Sample 1</u>	<u>Sample 2</u>
Meals (Lunch or Supper)	5,000	5,000
Reimbursement Rate	\$2.56	\$2.56
Meals X Rate Amount	\$12,800	\$12,800
Actual Cost	\$12,650	\$12,950
<b>Amount Reimbursed</b>	\$12,650	\$12,800

**Administrative Rates:** Administrative reimbursement will be based on the lesser of the approved administrative budget, actual costs, or eligible meals multiplied by the appropriate rate.

A. For meals served at rural or self-preparation sites:

Breakfast ..... \$0.1450  
Lunch or Supper..... \$0.2675  
Supplement..... \$0.0725

B. For meals served at urban sites that are vended:

Breakfast..... \$0.1150  
Lunch or Supper..... \$0.2225  
Supplement..... \$0.0575

## ADMINISTRATIVE REIMBURSEMENT SAMPLE

	<u>Sample 1</u>	<u>Sample 2</u>	<u>Sample 3</u>
Meals (Lunch or Supper)	5,000	5,000	5,000
Reimbursement Rate (Self-Prep)	\$0.2675	\$0.2675	\$0.2675
A: Meals X Rate Amount	\$1,337.50	\$1,337.50	\$1,337.50
Actual Cost	\$1,124.34	\$1,342.29	\$1,342.29
Approved Administrative Budget	\$1,203.75	\$1,203.75	\$1,337.50
<b>Amount Reimbursed</b>	\$1,124.34	\$1,203.75	\$1,337.50

### Completing the SFSP Application

On-line (only with SFSP user ID and password)

- Requires Microsoft Internet Explorer
- Contact MDHSS-CFNA to obtain the “Database Manual for Internet Submission” (can be emailed).
- [www.dhss.mo.gov/SFSP](http://www.dhss.mo.gov/SFSP) click “[SFSP Web Log On Screen](#)” on left-side bar and follow instructions in “Database Manual for Internet Submission”.

By fax or mail

- [www.dhss.mo.gov/SFSP](http://www.dhss.mo.gov/SFSP), click “Applications and Forms” on left-side bar to download [SFSP Application Packet](#), or
- call toll-free number, 888-435-1464 to request via mail or email.

Retain a copy of your SFSP application for your files.

- If you submit on the web, print the screens for your file copies.
- If you fax the application, retain the original as your file copy.
- If you mail the application to MDHSS, you should make a copy for your records.

To get a SFSP User ID and password:

- Contact MDHSS to get a network access form and instructions.
- Complete the form and send it back to MDHSS-CFNA.
- Only two user IDs and passwords per sponsor.
- Notify MDHSS-CFNS immediately if a user leaves.

## **Application Deadlines**

- ☐ By March 15, 2006 if you want commodities delivered in May
- ☐ By April 17, 2006 if you want commodities delivered in June
- ☐ By May 1, 2006 if requesting a June advance
- ☐ If none of the above apply, the final deadline for your completed application to be received in our office is May 15, 2006, or 30 days prior to your first day of operation, whichever is earlier.

## **Things to Watch**

- ☐ Web-based application process – carefully follow the instructions in SFSP Database Manual for Internet Submission.
- ☐ Web-based application process – application is not complete until MDHSS-CFNA receives any paper documentation required.
- ☐ Make sure all blanks are completed
- ☐ Check your dates and days of operations
- ☐ Include eligibility documentation for each open site
- ☐ Include maps, when needed to document area eligibility

DRAFT

DRAFT



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES  
COMMUNITY FOOD AND NUTRITION ASSISTANCE  
SUMMER FOOD SERVICE PROGRAM (SFSP)  
**SPONSOR APPLICATION**  
(Please TYPE or PRINT Clearly)

MDOH USE ONLY:

Contract #: \_\_\_\_\_

Vendor #: \_\_\_\_\_

1. Name of Sponsoring Organization		2. Address (P.O. Box, Street, City, State & Zip Code)		3. County	
				4. Location: <input type="checkbox"/> Rural <input type="checkbox"/> Urban <b>Urban</b> areas include Kansas City, St. Louis, Columbia, Jefferson City, Joplin, Springfield, and St. Joseph. All others are <b>rural</b> .	
5. Phone Number ( ) _____ - _____	6. Fax Number ( ) _____ - _____	7. Contact Person		8. E-mail Address of Contact Person (if available)	
9. Type of Sponsor: <input type="checkbox"/> <b>School</b> (public or private, non-profit) <input type="checkbox"/> <b>Government Entity</b> (State, Local, Municipal or County) Example: County Health Dept. <input type="checkbox"/> <b>Residential Camp</b> (overnight camp) <input type="checkbox"/> <b>National Youth Sports Program</b> (sponsored by a public or private, non-profit college or university) <input type="checkbox"/> <b>Private Non-Profit (PNP) Organization</b> Examples: Boys and Girls Clubs, YMCAs or YWCAs, churches or other faith-based organizations, scouting organizations.		10. Period of operation (M/D/Y)  Beginning date - _____ / _____ / _____  Last date meals served- _____ / _____ / _____  <i>Last date of meal service may be no later than Labor Day, or a date prior to the first day of school in your location.</i> Total number of days of operation: _____  List date(s) <u>not</u> operating: _____ (List dates between your beginning date and last date of meal service, when meals will not be served. Example: July 4. It is not necessary to list weekend dates here).  <b>Note:</b> <i>If your start or ending date changes, you must notify our office.</i>			
11. Number of sites to be sponsored:		12. Number of monitoring personnel:  (This is the number of staff members in your organization who will be responsible for performing the pre-operational and 1 <sup>st</sup> and 4 <sup>th</sup> week monitoring reviews of your food service site(s)).			
13. Do you want Administrative Advance(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>See note below.</b>  Amount Requested, 1 <sup>st</sup> Advance \$ _____  Amount Requested, 2 <sup>nd</sup> Advance \$ _____		14. Do you want Operational Advance(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>See note below.</b>  Amount Requested, 1 <sup>st</sup> Advance \$ _____  Amount Requested, 2 <sup>nd</sup> Advance \$ _____  Amount Requested, 3 <sup>rd</sup> Advance \$ _____			
<b>Note:</b> <i>Administrative and Operational Advances are calculated based on the number of meals you expect to serve this summer, and if you are a returning sponsor, the number of meals you served the previous summer. Your advance will be awarded based on the lesser of this calculation or the amount you have requested. You may receive a 2<sup>nd</sup> administrative or operational advance only if you operate at least 10 days in the second month, and a 3<sup>rd</sup> operational advance only if you operate at least 10 days in the third month.</i>					
15. How many summers have you participated in the SFSP (do not count this coming summer)?					
16. Has the sponsor ever been terminated or determined to have been seriously deficient in its operation of the SFSP or any Child Nutrition Program? <input type="checkbox"/> Yes <input type="checkbox"/> No					

17. Does the sponsor provide an ongoing, year-round service of some type to the community that would be served by the SFSP?

☐ Yes ☐ No

If the sponsor is not a residential camp, please describe the ongoing, year-round service(s) provided:

**Note:** All sponsors, with the exception of residential camps, must provide an ongoing, year-round service of some type to the community served, in order to be eligible for the SFSP. Examples: Schools and colleges provide educational services; private non-profits might provide after-school programming, parent education classes, etc.; churches and faith-based organizations provide religious instruction and other services.

18. If an agency other than the sponsor is providing site personnel, give name, agency and title of the person responsible for communication between the sponsor and the other agency:

19. I will cover the following **minimum required topics** in my training sessions for administrative and site personnel ☐ Yes ☐ No

◆ Purpose of the Program ◆ Meal Pattern Requirements ◆ Site Eligibility ◆ Site Operations ◆ Recordkeeping ◆ Duties of a Monitor

List any other topics to be covered, if applicable:

20. I understand the following procedures must be used to correct program deficiencies or areas of non-compliance, and will incorporate them into my SFSP operations: ☐ Yes ☐ No

1. Monitor sites and note areas of non-compliance
2. Discuss problems with site supervisor
3. Recommend corrective action
4. Follow-up in one week to assure corrections are made

21. Indicate type of meal service (check all that apply):

- ☐ Preparation at food service site
- ☐ Preparation at a central kitchen (serving two or more sites.) **Indicate name/address of central kitchen site below.**
- ☐ Under contract with local school food authority. **Indicate name/address of school food authority below, and include a copy of the School Food Service Agreement with your application package.**
- ☐ Under contract with a Food Service Management Company (FSMC). **Indicate name/address of FSMC below. ALL** sponsors using a FSMC must submit a copy of the entire, signed contract before the SFSP application may be approved. If the contract will exceed \$100,000, attach a copy of the wording to be used in the summary of the invitation for bid, the planned date and place of publication, and the planned date and place of the bid opening, copy of the bid, a list of bidders, and cycle menus.
- ☐ Extending contract with School Food Authority that provides meals during the regular school year. **Indicate name/address of School Food Authority below, and include a copy of the School Food Service Agreement with your application package.**
- ☐ Other (Specify) \_\_\_\_\_. **Indicate name/address where meals are prepared below.**

If other than preparation at food service site, please indicate the central kitchen, school, or company and address below:

Name of central kitchen site, school, or FSMC: \_\_\_\_\_

Street address (where meals are prepared): \_\_\_\_\_

City, State, ZIP code: \_\_\_\_\_

22. Indicate the source, if any other income is received to help finance the SFSP.

- ☐ Income from sale of adult meals
- ☐ Donations of food or money
- ☐ Grants specific for food or food preparation
- ☐ Other \_\_\_\_\_
- ☐ None

23. List estimated percent racial/ethnic make-up of the population of the area to be served (**percentages must total 100%**):

DRAFT

DRAFT

DRAFT

American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Total
%	%	%	%	%	100%

Within each category above, indicate the percentage that are of Hispanic or Latino ethnicity. \_\_\_\_\_

24. What efforts will be used to assure that minority populations have equal opportunity to participate?

- ☐ Distribution of brochures or Program information at public locations.
- ☐ Public service announcements in local newspaper, on radio or television. (Circle media type used. Otherwise, we will assume all three types are used.)
- ☐ Paid or free advertisements in local newspapers.
- ☐ Personal contact with community groups and/or parents.

I certify that these efforts reflect methods used to assure minority and grassroots organizations participate in the program.

→ \_\_\_\_\_ (Superintendent/board president/director's initials)

25. I certify that the items checked above contain the nondiscrimination statement and procedures for filing a complaint of discrimination as required by SFSP regulations. → \_\_\_\_\_ (Superintendent/board president/director's initials)

26. Has the sponsor ever been found to be in noncompliance of the Civil Rights Laws by any Federal agency? ☐ Yes ☐ No

If yes, explain:

### APPLICATION COMPLETION

Before your application will be considered complete, you must submit the following items:

- ◆ The budget on pages 4 and 5 of the sponsor application, with all sections completed
- ◆ One Site Information Sheet for each meal service site, with required attachments as described on the Site Information Sheet
- ◆ Audit Requirements form
- ◆ Vendor Input form (all new sponsors; previous sponsors with address, contact, or telephone number changes)
- ◆ Copy of Food Service Management Company (FSMC) or School Food Service contract (vended sponsors only)

### SIGNATURE

Signature by the superintendent/board president/director and/or authorized representative below certifies that:

1. The information on this form is true and correct to the best of my knowledge.
2. I understand that this information is being given in connection with the receipt of federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.
3. The program must be made available to all children regardless of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)
4. The program is directly operated at all sites.
5. Reimbursement will be claimed only for meals served to eligible participants.
6. Each site will maintain a daily, point of service meal count, for each meal or snack service, that will be collected at least weekly by the sponsor.
7. The superintendent/board president/director and authorized representative(s) accept final administrative and financial responsibility for all SFSP operations at the sponsor's site(s).

SIGNATURE OF SUPERINTENDENT/BOARD PRESIDENT/DIRECTOR

▶

SIGNATURE OF AUTHORIZED REPRESENTATIVE

▶

TITLE

DATE

TITLE

DATE

### MDHSS USE ONLY BELOW THIS LINE

APPROVED BY

▶

TITLE

DATE

COMMENTS

**SPONSOR BUDGET****1. Administrative Salary Worksheet**

36

List administrative positions which will be involved in the SFSP. (Attach additional sheets if necessary.) Include **all** expenses attributable to SFSP administration, regardless of whether SFSP reimbursement will be sufficient to cover them. Administrative labor includes activities such as completing the SFSP application, completing and submitting the claim for reimbursement, monitoring sites, and conducting training. For additional guidance, consult the Operating and Administrative Cost Sheet including with your application packet.

A. Administrative Positions (Do <b>not</b> include food service labor such as cooks, servers, janitors, etc.)	B. Number of Personnel in that Position	C. Hours per day spent on SFSP	D. Salary per hour if paid by SFSP reimbursement	E. Total number of days employed by SFSP	F. Specific Program Duties	G. Fringe Benefits	H. Total (BxCxDxE)+G
Director			\$				\$
Monitor			\$		This section is for the staff members who conduct your pre-operational and 1 <sup>st</sup> and 4 <sup>th</sup> week reviews at each site. Do <b>not</b> include "lunchroom" monitors or staff taking point-of-service meal counts in this section.		\$
Bookkeeper			\$				\$
Secretary			\$				\$
Other (Specify)			\$				\$
Other (Specify)			\$				\$
Total administrative salary/fringe benefits (record this amount in Salary/Fringe Benefits for Administrative Costs in #3)							\$

**2. Operational Salary Worksheet**

List operational positions which will be involved in the SFSP. (Attach additional sheets if necessary.) Include **all** expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them.

A. Operational Positions	B. Number of Personnel in that Position	C. Hours per day spent on SFSP	D. Salary per hour if paid by SFSP reimbursement	E. Total number of days employed by SFSP	F. Specific Program Duties	G. Fringe Benefits	H. Total (BxCxDxE)+G
Cook							\$
Cook							\$
Server							\$
Server							\$
Janitor							\$
Other (specify)							\$
Total operational salary/fringe benefits (record this amount in Food Service Labor/Fringe Benefits for Operational Costs in #3)							\$

**3. Total SFSP Budget**

Include **all** expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them. Please consult the Operating and Administrative Cost Sheet included with your application packet to help determine whether expenses are administrative or operational.

Administrative Costs	Proposed Administrative Budget	MDHSS USE ONLY Approved Administrative Budget	Operational Costs (Sites)	Proposed Operational Budget
Salaries/Fringe Benefits (Total from #1 on p. 4)	\$	\$	Food Service Labor/ Fringe Benefits (Total from #2 on p. 4)	\$
Rent for Office Space	\$	\$	Food	\$
Office Supplies	\$	\$	Supplies	\$
Administrative Mileage	\$	\$	Transportation of Food	\$
Audit Fees	\$	\$	Utilities	\$
Telephone	\$	\$	Equipment Rent	\$
Postage	\$	\$	Other (please specify)	\$
Printing/Copying	\$	\$		
Advertising	\$	\$		
Other (please specify)	\$	\$		
Total Administrative Costs	\$	\$	Total Operational Costs	\$
		Budget approved as shown above  _____/_____/_____ (Approver's initials & date)		

**Note:** The administrative budget will be approved based on the estimated number of meals to be served this summer (meals multiplied by administrative rates). If your attendance is higher than originally estimated, or if your administrative expenses are higher than what is budgeted here, you must notify our office and submit a revised administrative budget before program operations end, so that your approved administrative budget can be adjusted accordingly.

DRAFT





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
SUMMER FOOD SERVICE PROGRAM (SFSP)  
**SITE INFORMATION SHEET (Please TYPE or PRINT clearly)**

**MDHSS USE ONLY**

Site #: \_\_\_\_\_

Name of Sponsor:		1. Name of Site:								
2. Meal Service Location (Street, City, State & ZIP Code):				3. County:						
4. Telephone Number:	5. Site Supervisor:	6. Did this site operate the SFSP at this location last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Is this site a child care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No							
8. Check the programs in which this site participated in the last 12 months: <table style="width:100%"><tr><td><input type="checkbox"/> School Breakfast Program (SBP)</td><td><input type="checkbox"/> Child and Adult Care Food Program (CACFP)</td></tr><tr><td><input type="checkbox"/> School Milk Program (SMP)</td><td><input type="checkbox"/> Food Distribution Program (FDP)</td></tr><tr><td><input type="checkbox"/> National School Lunch Program (NSLP)</td><td><input type="checkbox"/> None of the above</td></tr></table>					<input type="checkbox"/> School Breakfast Program (SBP)	<input type="checkbox"/> Child and Adult Care Food Program (CACFP)	<input type="checkbox"/> School Milk Program (SMP)	<input type="checkbox"/> Food Distribution Program (FDP)	<input type="checkbox"/> National School Lunch Program (NSLP)	<input type="checkbox"/> None of the above
<input type="checkbox"/> School Breakfast Program (SBP)	<input type="checkbox"/> Child and Adult Care Food Program (CACFP)									
<input type="checkbox"/> School Milk Program (SMP)	<input type="checkbox"/> Food Distribution Program (FDP)									
<input type="checkbox"/> National School Lunch Program (NSLP)	<input type="checkbox"/> None of the above									
9. a. Site Location: <input type="checkbox"/> Rural <input type="checkbox"/> Urban  <small>Areas considered "urban" include Kansas City, St. Louis, Columbia, Jefferson City, Joplin, Springfield, and St. Joseph. All others are considered "rural."</small>		b. <b>Urban sites and sponsors with more than one site:</b> Describe the geographical boundaries served and attach a map with the boundaries marked. If boundaries overlap, include a brief statement indicating the necessity for each site.								
10. a. Type of Site (choose one): <input type="checkbox"/> School <input type="checkbox"/> NYSP <input type="checkbox"/> Government Agency (includes parks) <input type="checkbox"/> Migrant <input type="checkbox"/> Private Non-Profit (PNP) (such as churches, YMCAs, Boys and Girls Clubs, etc.)										
b. Site Eligibility: <input type="checkbox"/> Open Site qualified by: School Data _____% Year _____ School Name: _____ OR Census Data _____% Census Tract(s) _____ <b>Note:</b> To qualify as an open site, at least 50% of the children in the area must be eligible for free or reduced price school meals, or at least 50% of the population of the census tract(s) served must be at or below 185% of the Federal poverty level. <input type="checkbox"/> Enrolled Site: Estimated number of children enrolled _____ Estimated number of children eligible _____ <b>Note:</b> To qualify as an enrolled site, at least 50% of the children enrolled in the meals program must be eligible for free or reduced price school meals, as documented by current, signed Income Eligibility forms kept on file at the Sponsor's office. <input type="checkbox"/> Migrant Site: Estimated number of children _____ <b>Attach letter verifying site is a migrant site.</b>										
11. Location where meals will be prepared (check one): <input type="checkbox"/> At food service site <input type="checkbox"/> At central kitchen <input type="checkbox"/> At vendor kitchen (circle one below) School Food Authority Food Service Management Company  <b>Note:</b> For vended sites, be sure a copy of the School Food Authority or Food Service Management Company contract is included with your application. For more information, see the Sponsor Application, page 2, item 21.										
12. Meal Service Choices and Beginning/Ending Times: In the table below, please indicate the meals you will be serving, along with the beginning time, ending time, and estimated number of children that will be served at each meal. If over the course of the summer, the meals or meal service times change, or if the actual number of children served exceeds the estimate, please notify our office by using the Site Change Form.  <b>Note:</b> You may choose a combination of two meals and/or one meal and one snack per day, with the exception of lunch and supper on the same day. If you will be serving different meals on different days of the week, please note in the table below. There must be <b>at least 3 hours</b> between the beginning of one meal or snack service and the beginning of the next. Breakfast and snacks are limited to one hour from start to finish. All other meals are limited to two hours from start to finish.										
Type of meal	Time meal begins	Time meal ends	Estimated Number to be served	<b>MDHSS use only</b>						
Breakfast										
AM Snack										
Lunch										
PM Snack										
Supper										

<p>13. Period of Site Operation:</p> <p>First date SFSP meals to be served at site: ____/____/____</p> <p>Last date SFSP meals to be served at site: ____/____/____</p>	<p>14. Check days of week Site will operate:</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p> <p><input type="checkbox"/> Saturday</p> <p><input type="checkbox"/> Sunday</p>					
<p>15. Total number of operating days each month:</p> <p>Please indicate the number of days your site will operate each month, in the spaces to the right, below the corresponding month. Remember to indicate a total for the summer, and to exclude weekends and holidays as appropriate to your operations.</p>	May	June	July	August	September	TOTAL
<p>16. What is the seating capacity of the site? _____</p> <p><b>Note:</b> <i>This is the number of children who can eat at the site during one shift.</i></p> <p>If children eat in shifts, indicate the number of shifts. _____</p>	<p>17. How many staff will be assigned to this site? _____</p> <p><b>Note:</b> <i>Include site supervisor, assistants, food servers, etc.</i></p>					
<p><b>Questions 18 through 23 are for NEW sites ONLY.</b></p>						
<p>18. Describe the system used to serve meals to attending participants.</p>						
<p>19. Describe the means of communication that will be used to adjust meal counts.</p>						
<p>20. If excess meals are delivered, describe arrangements for handling them.</p>						
<p>21. Are there provisions for holding meals until the time of meal service? Describe.</p>						
<p>22. Program regulations require that alternate arrangements be made for parks or other outdoor sites, in the event of bad weather. Describe the arrangements that will be made for bad weather, if this is an outdoor site.</p>						
<p>23. Program regulations <b>require</b> that the sponsor conduct a pre-approval visit to the site, before the Missouri Department of Health and Senior Services will approve the site for participation. Has the sponsor conducted a pre-approval visit to this site?    Yes    No    (circle one)</p>						
<p>I certify that this site has the capabilities and facilities to provide the meal service planned for the number of participants to be served, and that the information on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of Federal funds, and that withholding information or deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.</p>						
Signature of Authorized Sponsor Representative			Title		Date	
Approval Signature of MDHSS Representative ( <b>MDHSS use only</b> )			Title		Date	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
**VENDOR INPUT**

PRINT OR TYPE

**SECTION A: VENDOR INFORMATION (COMPLETED BY VENDOR) SEE SECTION A & GENERAL INSTRUCTIONS**

NAME											
ADDRESS FIELD 1 (ROOM, APT., SUITE NO., STREET NAME/NO., ETC.)		ADDRESS FIELD 2 (PO BOX NO.)									
CITY		STATE	ZIP CODE								
VENDOR CONTACT NAME	VENDOR CONTACT E-MAIL ADDRESS	VENDOR CONTACT TELEPHONE NUMBER									
LEGAL NAME OF ENTITY OR INDIVIDUAL (ENTITY NAME FILED WITH IRS FOR TIN)											
1099 ADDRESS		CITY	STATE ZIP CODE								
TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input type="checkbox"/> FEIN <input type="checkbox"/> SSN	EXEMPT FROM BACKUP WITHHOLDING <input type="checkbox"/>									
VENDOR TYPE (CHECK OR X ONE OF THE BOXES IN FRONT OF THE APPLICABLE VENDOR TYPE) <table border="0"><tr><td><input type="checkbox"/> CORPORATION</td><td><input type="checkbox"/> INDIVIDUAL</td><td><input type="checkbox"/> FEDERAL/MILITARY GOVERNMENT</td><td><input type="checkbox"/> STATE/LOCAL GOVERNMENT</td></tr><tr><td><input type="checkbox"/> STATE EMPLOYEE</td><td><input type="checkbox"/> PARTNERSHIP</td><td><input type="checkbox"/> SOLE PROPRIETOR</td><td><input type="checkbox"/> OTHER: _____ (ENTER VENDOR TYPE: I.E., CHURCH)</td></tr></table>				<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> FEDERAL/MILITARY GOVERNMENT	<input type="checkbox"/> STATE/LOCAL GOVERNMENT	<input type="checkbox"/> STATE EMPLOYEE	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> OTHER: _____ (ENTER VENDOR TYPE: I.E., CHURCH)
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> FEDERAL/MILITARY GOVERNMENT	<input type="checkbox"/> STATE/LOCAL GOVERNMENT								
<input type="checkbox"/> STATE EMPLOYEE	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> OTHER: _____ (ENTER VENDOR TYPE: I.E., CHURCH)								

COMMENTS

**CERTIFICATION FOR STATE OF MISSOURI**

I certify that the above information is accurate and complete in accordance with the Vendor Input Form Instructions.

SIGNATURE (You may not sign the form on-line. Please sign prior to sending it to a state agency for processing.)

NAME (PRINT OR TYPE)	TITLE	DATE Dec 21, 2005
----------------------	-------	----------------------

**CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien)

**Certification instructions.** You must cross out item **2** above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For all real estate transactions, item **2** does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See W-9 Instructions on irs.gov website for more information.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE (You may not sign the form on-line. Please sign form prior to sending to a state agency, if applicable, according to the IRS Certification statement.)  
Dec 21, 2005

**SECTION B: STATE OF MISSOURI AGENCY USE ONLY (COMPLETED BY SUBMITTING STATE AGENCY)**

ACTION TYPE (CHECK ONE) <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	VENDOR CODE/NUMBER	VENDOR TYPE	STATE AGENCY NUMBER
STATE AGENCY NAME		STATE AGENCY ADDRESS	
STATE AGENCY CONTACT NAME (PLEASE PRINT OR TYPE)		STATE AGENCY CONTACT TELEPHONE NUMBER (INCLUDE AREA CODE) (       )	
STATE AGENCY CONTACT EMAIL ADDRESS			
ADDITIONAL INFORMATION			
SIGNATURE		NAME (PRINT OR TYPE)	DATE



1. CONTRACT NUMBER	2. VENDOR NUMBER	3. NAME AND ADDRESS OF SPONSOR
READ INSTRUCTIONS ON REVERSE BEFORE COMPLETING CLAIM		(ATTACH LABEL HERE)
4. MONTH AND YEAR CLAIMED  _____ ORIGINAL <input type="checkbox"/> REVISION (1,2,3, etc.) <input type="checkbox"/>	5. CLAIM PERIOD  _____ / _____ / _____ to _____ / _____ / _____	
6. DAYS OF OPERATION	7. AVERAGE DAILY ATTENDANCE	

MEALS SERVED TO PARTICIPANTS	CHILDREN MEALS			ADULT MEALS	
	FIRST MEALS	SECOND MEALS	NONPROGRAM / DISALLOWED	PROGRAM	NONPROGRAM
8. BREAKFAST					
9. LUNCH					
10. SUPPER					
11. SNACK					

REPORTED OPERATIONAL COST	REPORTED PROGRAM INCOME	REPORTED ADMINISTRATIVE COST
12. \$	13. \$	14. \$

I certify that all enrolled sites had 50% or more eligible participants for the claim period represented on this form.

I certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that this is in accordance with the terms of existing agreement(s). I recognize that I will be fully responsible for any excess amounts that may result from erroneous or neglectful reporting herein.

15. SIGNATURE OF AUTHORIZED REPRESENTATIVE	TITLE	DATE
		

All records supporting claim for reimbursement must be retained and available for a future audit for a period of 3 years and the current year. No further monies or other benefits may be paid out under the Program unless this report is completed and filed as required by existing regulations.

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES USE ONLY

OPERATIONAL	\$	
ADMINISTRATIVE	\$	
TOTAL	\$	

MDHSS SFSP AUTHORIZED REPRESENTATIVE ▶	DATE
REVISION PREPARED BY DISTRICT NUTRITIONIST ▶	DATE

INSTRUCTIONS FOR CLAIM PREPARATION	
1. Contract Number	The number assigned by the State agency and noted on the contract.
2. Vendor Number	The number assigned by the State agency and reported on the Vendor Input Form.
3. Name and Address of Sponsor	Attach preprinted labels included in the claim packet.
4. Month and Year Claimed Original Revision	The last month of operation reported on this claim. Report the last month on this claim if for more than one month. Check Original if this is the first claim submitted for this claim period. If this claim is a revision, enter the number of claims submitted including this one for this claim period.
5. Claim Period	Enter the first and the last date of operation for this claim.
6. Days of Operation	Total number of days in operation included on this claim.
7. Average Daily Attendance	Please leave blank.
TOTAL MEALS SERVED	
<b>CHILDREN MEALS</b>	
8-11 First Meals	Enter the total number of allowable first meals, by meal type, served to eligible participants for this claim month.
8-11 Second Meals	Enter the total number of second meals, by type, served to eligible participants
8-11 Non-Program/Disallowed	Enter the total number of meals served to children who do not qualify for the SFSP (i.e., camps). Enter the number of disallowed meals.
<b>ADULT MEALS</b>	
8-11 Program	Enter the total number of meals served to adults working or volunteering with the program.
8-11 Non-Program	Enter the total number of meals served to adults that are not associated with the SFSP.
PROGRAM COSTS FOR THE CLAIM MONTH	
12. Reported Operational Cost	Enter the sum of all documented expenditures associated with the preparation and service for all of the meals.
13. Reported Program Income	Include all funds received from any source, except USDA program funds, that were used to support the SFSP. This includes payments for adult meals.
14. Reported Administrative Cost	Report actual documented Administrative Costs incurred during this claim period. (Check approved administrative budget, revise if participation increases or expenditures exceed projections. <b>REVISIONS CAN ONLY BE PROCESSED WHILE YOUR PROGRAM IS IN OPERATION.)</b>
15. Signature, Title, and Date Prepared	Signature required for payment of claim.

**ADVANCE PAYMENTS WILL BE DEDUCTED FROM CLAIMS FOR REIMBURSEMENT.**

Mail or Fax Claim for Reimbursement to:

Missouri Department of Health and Senior Services  
Community Food and Nutrition Assistance  
P.O. Box 570  
Jefferson City, MO 65102-0570  
Fax: 573-526-3679

## Claim Deadlines

	June Claim:	July Claim:	August Claim:
Original Due	August 29, 2006	September 29, 2006	October 30, 2006
Revised Due	September 28, 2006	October 29, 2006	November 29, 2006

## Tentative List of Commodities available for SFSP

Department of Social Services, Family Support Division, Food Distribution Unit expects to have the following available for the 2006 SFSP season:

<u>COMMODITY</u>	<u>PACKAGE SIZE</u>	<u>CASE VALUE</u>
<u>ENTITLEMENT FOOD ITEMS*</u>		
A061 GREEN BEANS	6/#10 CANS	\$11.77
B065 CHEESE, SLICED, YELLOW	6/5# LOAVES	\$48.63
B473 PEANUT BUTTER, SMOOTH	6/5# CONTAINERS	\$17.62
<u>BONUS FOOD ITEMS*</u>		
A200 POTATOES, INSTANT, DEHYDRATED**	6/5# PACKAGES	\$18.32
A220 SWEET POTATOES**	6/#10 CANS	\$14.88
A365 CHERRIES, FROZEN**	30# CONTAINER	\$19.11
A409 PEACHES, CLING, DICED**	6/#10 CANS	\$16.67
A444 PINEAPPLE, CRUSHED**	6/#10 CANS	\$27.96
A470 FRUIT MIX**	6/#10 CANS	\$18.31
A942 BEANS, PINTO**	25# BAGS	\$6.40

\* This is a tentative list and is subject to change

\*\* Large quantities of these bonus items available. SFSP sponsors are encouraged to order as much as they can use during the summer.

Sponsors are encouraged to read the Food Distribution Unit's 2006 Commodity Newsletter for further guidance when ordering commodities for this summer. SFSP sponsors must submit ORIGINAL FORMS to Food Distribution Unit. To expedite the process, FDU will initiate orders based on faxed forms but SFSP sponsors are required to also submit the original forms as soon as possible. If original forms were not submitted in 2005, the SFSP sponsor will not be allowed to fax commodity forms in 2006.

If you have any questions or need additional information, feel free to contact Food Program Representative Bob Murphy at (573) 751-4328.

## Summer Food Service Program

# ***Food That's In When School Is Out***

## Hey Kids and Teens\*...

## Join us for Nutritious Summer Meals at No Charge



**Power Panther  
says, "Eat  
Smart, Play  
Hard."™**

**Activities:**

**Where:**

**When:**

**Meals and Times:**

**Days of the Week Meals are Served:**

**\*And eligible disabled adults over 18.**

Eligible disabled adults are those who are determined by a State educational agency or a local public educational agency of a State to be mentally or physically handicapped and who participate in a public or non-profit private school program established for the mentally or physically handicapped.

**For more information call:**

**or 888-435-1464 for a site near you.**

Or check out <http://www.dhss.mo.gov/sfsp>.

Administered by the Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO 65102.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).  
USDA is an equal opportunity provider and employer.

**EXTRA! EXTRA!**  
**SUMMER**  
**MEALS**  
**FOR KIDS**

**FREE**



Free nutritious meals to all children aged 18 and younger and eligible disabled adults at participating sites.

**NO FEE**  
**NO REGISTRATION**

Place:

Time:

Days:

Months:

For more information call:

---

or 888-435-1464 for a site near you

The USDA is an equal opportunity provider and employer.

**EXTRA! EXTRA!**  
**SUMMER**  
**MEALS**  
**FOR KIDS**

**FREE**



Free nutritious meals to all children aged 18 and younger and eligible disabled adults at participating sites.

**NO FEE**  
**NO REGISTRATION**

Place:

Time:

Days:

Months:

For more information call:

---

or 888-435-1464 for a site near you

The USDA is an equal opportunity provider and employer.

**EXTRA! EXTRA!**  
**SUMMER**  
**MEALS**  
**FOR KIDS**

**FREE**



Free nutritious meals to all children aged 18 and younger and eligible disabled adults at participating sites.

**NO FEE**  
**NO REGISTRATION**

Place:

Time:

Days:

Months:

For more information call:

---

or 888-435-1464 for a site near you

The USDA is an equal opportunity provider and employer.